

# 3<sup>rd</sup> Annual Inland Empire HIV/AIDS Conference

## Conference Registration



There are 3 easy ways to register:

1. **Online** - [www.rivcohiv aids.org](http://www.rivcohiv aids.org)
2. **Fax** - fax this completed form with your credit card information to 310-216-7327.
3. **Mail** - mail this completed form with your credit card information or check to the address below.

Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Title (for Providers Only) \_\_\_\_\_

Organization (for Providers Only) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
( ) ( )

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail (please print clearly for a confirmation of your registration) \_\_\_\_\_

**Registration Fees** include continental breakfast, all breaks, lunch, and conference handout materials.

After February 2, 2007, registration will only be available on site.  
Please mark appropriate registration box.

Registration Type	Early Fees (12/1 - 1/15)	Regular Fees (1/16 - 2/2)	On-Site Fees (2/14)
Consumers	<input type="checkbox"/> \$25	<input type="checkbox"/> \$30	<input type="checkbox"/> \$35
Providers	<input type="checkbox"/> \$50	<input type="checkbox"/> \$75	<input type="checkbox"/> \$100

**Credit Card Information** (please print legibly)

☐ AMEX ☐ MasterCard ☐ VISA

Credit Card Number \_\_\_\_\_

Name of Cardholder \_\_\_\_\_

Expiration Date \_\_\_\_\_ Credit Card Billing Zip Code \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

Mail registration and make checks payable to:  
Rosenberg & Risinger  
c/o HIV/AIDS Conference  
5855 Green Valley Circle, Suite 202  
Culver City, CA 90230

**Refunds** will not be issued for cancellations or no-shows. Substitutions can be made at any time.

For additional information, visit our website [www.rivcohiv aids.org](http://www.rivcohiv aids.org) or call: 310-216-6772.